MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10685174

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7	1						57					
8							58					
9							59					
10							60					
11							61					
12							62					
13		12					63					
14		12					64					
15		12					65					
16		12					66					
17		12					67					
18		12					68					
19		12					69					
20		12					70					
21		2					71					
22		2					72					
23	1						73					
24	1						74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	86						TOTAL DEP.					
TOTAL	90						TOTAL					